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Re: House Bill 5040

Dear Members of the House Committee,

Thank you for the opportunity to hear my testimony on H.B. 5040, the "Julea Ward Freedom of Conscience Act." I have trained for many years, through a clinical psychology doctoral program that included a year-long internship and through a two-year post-doctoral fellowship. I chose this particular field, not to be a religious advisor or spiritual counselor, but to be a psychologist. After navigating pathways of higher education, I come to you as a Ph.D. graduate, as of 2009, and as a licensed psychologist, as of 2011. I am also a volunteer for the Michigan Project for Informed Public Policy (MPIPP) because I support grounding public policy decisions in science-based data. As a recently licensed psychologist, an educator, and a clinical supervisor of graduate students, this bill has relevance to my profession and everyday life.

As part of education and training of psychologists, we all encounter conflicts with our conscience. In the helping professions, we work to better the lives of those we serve by intervening at the most private levels: emotions, thoughts, behaviors, family dynamics, and personal experiences. It is inevitable that students' personal morality and their client's morality will conflict at some time. We must face issues of marriage and divorce, including working with clients who cohabitate, re-marry, use contraception, and have abortions. We must help clients with tattoos, those who have committed egregious crimes, and those who abandoned their post at war. We must help children of parents who believe their sons should be tough boys and not "sissies," and we must help children of parents who believe their sons should be authentic little boys, even if they are called "sissies" by others. No matter what your morality, we all encounter clients with whom our morality does not match. Part of training to become a mental health professional is to learn to help those who pose challenges to our own world views. There is no particular religion, faith, or moral belief system that is wholly consistent with the breadth of training required to be a psychologist.

As many Representatives likely agree, religious discrimination is unacceptable in any life domain, including in higher education. However, H.B. 5040 does not protect against religious discrimination. In fact, it will encourage various forms of discrimination, including discrimination targeted against religion. Consider, for example, in just my six years of clinical training that I have encouraged prayer as a coping strategy for a Catholic client, helped a Pagan use religious symbols to overcome her distress, encouraged a Muslim to use the Qur'an for guidance in her grief, and helped a terminally ill Baptist use religious iconography and Biblical scripture to manage his end of life process. It is a theological impossibility that I ascribe to all of these religious faiths. Under H.B. 5040, the majority of those individuals I just described, in their times of vulnerability, could have been left without professional help, and students like myself would not develop the skills to help the diversity of people in need, rendering students' future services incompetent.

To deny students the training to work with those who are potentially morally challenging is to encourage discrimination and further harm rather than help our most vulnerable community members. This bill is named after Julea Ward, who refused to serve, and refused to gain skills necessary to serve, gay clients. Scientific studies have documented the harm to clients who have worked with therapists and counselors who have not obtained the skills to set aside their values about sexual orientation when they conflict with scientific fact that diversity in sexual orientation is normal. In a national sample, gay psychotherapy clients documented some of these harmful effects. For example, therapists who assumed that clients were heterosexual had three times the odds of being more "destructive" than "helpful". Similar odds (three times)

of being harmful were found for therapists who suddenly refused to see clients after they disclosed their sexual orientation (i.e., therapists did *not* use a skillful referral) and four times the odds for therapists who lacked the basic knowledge of gay and lesbian issues necessary to be effective.¹ Similarly, clients experience therapists who avoid talking about sexual orientation and who stereotype gay clients. These rejecting practices invalidate, frustrate, confuse, and ultimately can harm clients.² Those who seek help for psychological distress and meet ignorance and incompetence have been done a great disservice, and the responsibility of preventing this incompetence lies in our education and training system, to help students learn to *do no harm*.

The ethical option of referral is a viable one for psychologists who are serving independently, under their own license. Consider, for example, a client who comes to therapy and who does not come out as gay for many weeks or months, which is not an uncommon experience. A well-trained psychologist will have confronted this issue and should have the ability to respond, with affirmation or with a skillful referral, without harming the client. Once students are no longer students, but independent professionals, they are assumed to have those skills, skills that require and come from supervised experience with gay clients. Removing education is subverting the process that builds this competence. Undercutting competence leaves our communities vulnerable to harmful practices by uneducated future “professionals.”

Although you may be willing to accept that this legislation brings harm to gay people, as psychologists, we will not accept this injustice. Whether or not it is anti-gay on the surface or in practice as well, it is clear that some of the motivation behind this legislation is not about a person’s conscience at all. We would not be having this hearing today if it had been a student’s “conscience” that made her refuse to help Jews and Whites (as those of the Nation of Islam would require, from Grand Rapids, Michigan³) or refuse to help African Americans (as those of the Christian Identity church, in Stevensville and Linwood, Michigan,⁴ would require). Just as we know people of diverse races, ethnicities, and religions are no more or less psychologically well and do not have better or worse character, science has shown for over 50 years that gay people are natural and psychologically healthy: Sexual orientation does not determine character, and being gay is not a mental illness.⁵

Although this bill may not specifically cite gay people as primary targets, the impetus for this legislation comes from anti-gay prejudice. H.B. 5040 is not about protecting students but about perpetuating stigma. And although Representatives on this committee may not expect the legislation to go beyond what you find morally acceptable prejudice, enactment of this bill will give license to discriminate against many even you deem worth protecting.

Thank you for your time and consideration.

Sincerely,

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¹ Liddle, B.J. (1996). Therapist Sexual Orientation, Gender, and Counseling Practices as They Relate to Ratings of Helpfulness by Gay and Lesbian Clients. *Journal of Counseling Psychology*, 43(4), 394-401.

² Shelton, K., & Delgado-Romero, E.A. (2011). Sexual orientation microaggressions: The experience of lesbian, gay, bisexual, and queer clients in psychotherapy. *Journal of Counseling Psychology*, 58(2), 210-221.

³ Southern Poverty Law Center at <http://www.splcenter.org/get-informed/hate-map#s=M1>

⁴ Ibid.

⁵ Gonsiorek, J. (1991). The empirical basis for the demise of the illness model of homosexuality. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 115-136). Newbury Park, CA: Sage.